# Methamphetamine Reporting Act Michigan State Police Methamphetamine Investigation Team

### <u>Introductio</u>n

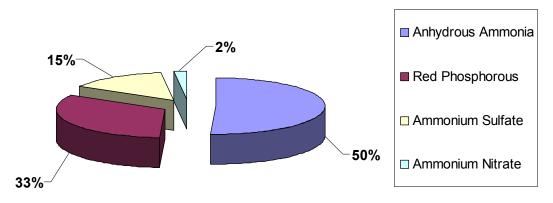
This report is pursuant to MCL 28.193 which requires the Michigan State Police to report to the Michigan legislature trends in methamphetamine manufacture, use, and production and to provide recommendations of possible solutions to methamphetamine problems.

#### **Trends in Methamphetamine Manufacture**

In calendar year 2006, there were 108 methamphetamine laboratories seized, down from 261 in 2005. Methamphetamine-related complaints, including laboratories, dump sites, and glassware seizures totaled 451 in 2005 and 225 in 2006. Indications at each methamphetamine investigation determined the manufacturing process used. The most common method used in 2006 was the anhydrous ammonia method of manufacture, which accounted for 107 incidents. The second most common method was the hydriotic red phosphorous method, or "Red P" method. There were 69 Red P incidents in 2006.

A recent trend in methamphetamine manufacture in Michigan is the appearance of the "one-pot" cooking method, in which ammonia is extracted from either ammonium sulfate or ammonium nitrate during the cooking process. The one-pot method poses new dangers due to the increased possibility of explosion or fire from volatile precursor materials combined in one container. In 2006, there were 31 ammonium sulfate incidents and 4 ammonium nitrate incidents.

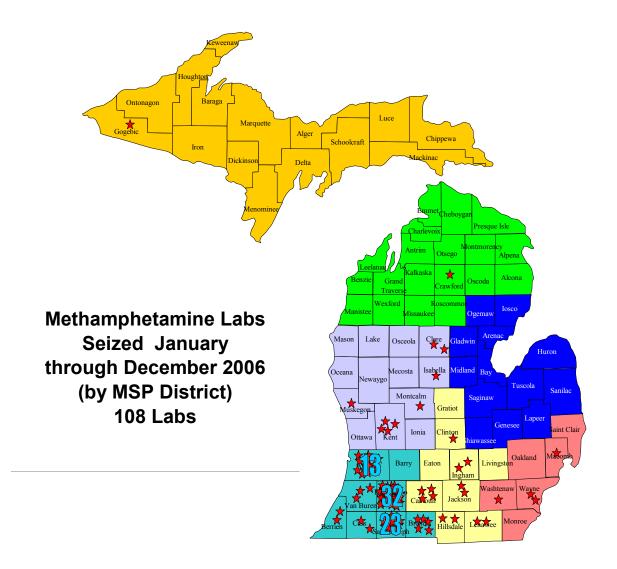
## 2006 MSP Meth Lab Incident Types



Methamphetamine labs are found in numerous locations around the state, including rural and residential areas. Many lab operations are found in family living areas in homes where children can be exposed to contaminants. According to data submitted to the El Paso Intelligence Center (EPIC), there were 71 children present at methamphetamine incidents in Michigan in 2006. In 2005, there were 116 children affected by methamphetamine labs.

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Most methamphetamine labs in Michigan are discovered in the southwest part of the state. The following map shows approximate locations of methamphetamine labs seized in 2006.



#### Trends in Distribution

The Michigan State Police Criminal Justice Information Center (CJIC) reports that there were 56 arrests for the sale of methamphetamine from June 1 through December 31, 2006. Most methamphetamine laboratories in Michigan are considered "personal-use" labs, based on the limited production capacity of the labs and the method of manufacture. Subjects involved with such labs produce methamphetamine for their own consumption or for limited distribution among close associates. Some methamphetamine is smuggled into the state for sale from large-scale methamphetamine distribution operations in the Western United States and Mexico. This methamphetamine is a highly-pure form known as "crystal methamphetamine" or "ice." Crystal methamphetamine is often described as having the appearance of ice chips or shards of glass. Crystal methamphetamine is considered more pure and has a higher potency than methamphetamine produced in small methamphetamine operations. The Drug Enforcement Administration (DEA) laboratories define the purity thresholds for identifying crystal methamphetamine. DEA labs also test methamphetamine samples for purity. Michigan State

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Police forensic laboratories do not test submissions for purity but anecdotal reports from the labs indicate that crystal methamphetamine submissions were processed in 2006. Crystal methamphetamine differs significantly in appearance from the granular, powdered methamphetamine produced in local Michigan methamphetamine labs. Michigan State Police incident reports from 2006 also indicate arrests of subjects involved in the sale of crystal methamphetamine acquired from out-of-state sources, which indicates a combination of locally-produced and imported methamphetamine available for sale in Michigan.

In order to satisfy Byrne Grant requirements, Michigan Multijurisdictional Drug Task Forces are required to report activity to the Office of Drug Control Policy (ODCP). ODCP reports that regional drug teams reported total seizures of 11,923 grams of methamphetamine in 2005 and 4,200 grams in 2006.

#### <u>Trends in Methamphetamine Possession</u>

CJIC collects drug arrest data submitted by police departments in Michigan who use the Michigan Incident Crime Reporting system (MICR). There are specific arrest codes for methamphetamine crimes. Michigan file class codes for possession arrests include the categories Methamphetamine Possession, Synthetic Narcotic (Other), and Synthetic Narcotic Possession. Synthetic Narcotic (Other) and Synthetic Narcotic Possession charges may include other drugs than methamphetamine that are synthetically-manufactured, including MDMA (Ecstasy) and amphetamines. MICR data from June 1 through December 31 of 2006 shows that there were 276 arrests charges for possession in Michigan. Of these, five occurred in a jail or prison. Sixtyfour percent of all arrests for possession in the same period occurred on highways, roads, or alleys, which indicates that many of the arrests were likely the result of traffic stops by officers on road patrol.

#### **Trends in Methamphetamine Use**

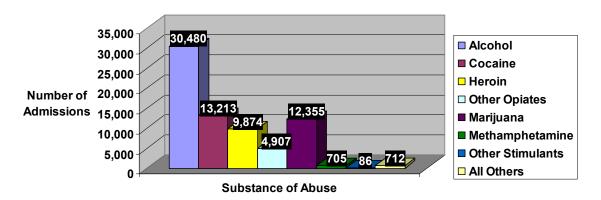
Methamphetamine use data is the most difficult reporting category to quantify since proof of use requires either individual drug testing or witnessing of drug use by law enforcement personnel. MICR arrest codes for methamphetamine use are seldom used since use is difficult to prove in court. Most potential use charges are filed as possession in order to assure prosecution. Thus, MICR data is an unreliable indicator of use trends in Michigan. Individual drug testing only occurs among specific populations which are not always a good indicator of abuse trends among the general population. Many abusers only seek treatment when ordered to do so after arrest and sentencing and a large percentage of the abuser population seeks treatment in privately funded drug abuse treatment facilities. Michigan drug abuse treatment facilities that are privately funded are not required to report statistics on treatment admissions, but publicly funded treatment facilities keep and report admission data to the Michigan Department of Community Health (MDCH).

MDCH reports that in publicly funded drug treatment facilities in Michigan in 2005, there were 913 admissions for methamphetamine as primary drug of abuse. In 2006 there were 705 admissions for methamphetamine as primary drug of abuse. In both years, nearly 75% of admissions occurred in Southwest Michigan treatment facilities.

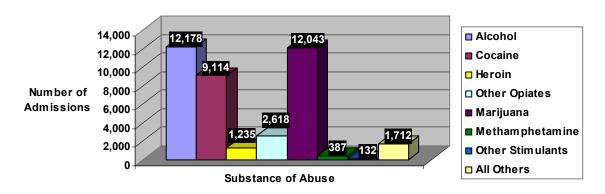
According to MDCH, methamphetamine admissions in 2005 and 2006 represented less than one percent of drug abuse admissions overall, where methamphetamine was the primary drug of abuse. The following tables show 2006 publicly-funded drug treatment admissions for drugs as primary, secondary, and tertiary drug of abuse. Many abusers are poly-drug users and will use methamphetamine along with other legal and illegal drugs.

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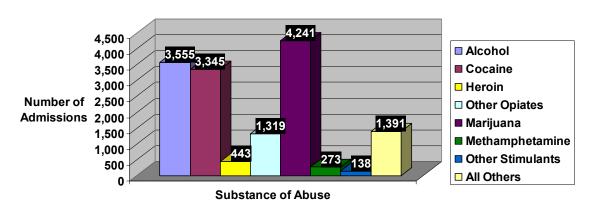
# 2006 Publicly-Funded Substance Abuse Treatment Facility Admissions by Primary Substance of Abuse



2006 Publicly-Funded Substance Abuse Treatment Facility
Admissions by Secondary Substance of Abuse



2006 Publicly-Funded Substance Abuse Treatment Facility
Admissions by Tertiary Substance of Abuse



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#### **Assessment**

Methamphetamine laboratory seizure statistics indicate that seizure of personal-use operations seem to be decreasing in frequency. There are many possible reasons for this, including increased community awareness of the methamphetamine problem, the "Michigan Meth Watch" retailer awareness education program, and the recent prosecution and incarceration of repeat methamphetamine manufacture offenders. Methamphetamine precursor legislation took effect December 15, 2006, which made it more difficult for methamphetamine laboratory operators to acquire necessary chemicals.

The decrease in personal-use methamphetamine laboratories may account for the recent evidence of trafficked, crystal methamphetamine in the state. There is not enough evidence to accurately determine the cause of imported product in the state. Factors determining illicit drug availability in a geographic area vary and include inclusion of illegal drugs in a sophisticated distribution system used to supply other drugs within a drug trafficking organization's market area. This distribution may or may not be linked to the availability of locally-produced illegal drugs.

New methods of manufacture are being developed by clandestine laboratory operators in response to legislation limiting the availability of methamphetamine precursors. The "one-pot cook" method of manufacture seen recently in Michigan is an indication of the evolution of methamphetamine manufacturing methods in response to law enforcement pressure.

Most methamphetamine possession arrests are due to the transportation of personal use amounts of the drug by abusers in automobiles. Most of the evidence recovered during these arrests indicates locally-produced methamphetamine.

Public drug abuse treatment statistics show that methamphetamine use and abuse is the highest in the southwest portion of the state. These statistics are consistent with the discovery of the majority of methamphetamine operations in that part of Michigan. Methamphetamine abuse treatment falls behind other drugs of abuse including alcohol, cocaine, heroin, other opiates, and marijuana as a drug of choice in publicly funded treatment facilities although methamphetamine abusers are less likely than other drug abusers to seek treatment.

#### **Recommendations**

This report represents the first collection and assessment of data required to evaluate the methamphetamine situation in Michigan since the Methamphetamine Reporting Act took effect. There has not been sufficient time to determine the effects of current methamphetamine legislative, public awareness, and prosecution efforts to fairly recommend a future course of action. This report should serve as a baseline assessment of the methamphetamine situation for future reporting while the effects of current initiatives are evaluated. This evaluation, along with analysis of identified intelligence gaps, will aid in a greater understanding of the prevailing tendencies of the methamphetamine problem and guide future determinations of necessary action.

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